

REPORTS INVENTORY						CONTROL NO.
PREPARE IN DUPLICATE						DDS/OL/PMS-11
1. TITLE OF REPORT (If a fill-in report include Form No.) CONIF Update						2. TYPE OF REPORT
						X STATISTICAL NARRATIVE MACHINE-NAME LISTING
3. FUNCTIONAL AREA <input checked="" type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL						ADMIN. GENERAL OTHER (specify)
4. NO. OF COPIES PREPARED 1		5. FREQUENCY (weekly, monthly, quarterly, etc.) weekly			6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form computer print-out, etc) computer print-out		8. ADP PROCESSING <input checked="" type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. 24205			9. DIRECTIVE AUTHORITY REQUIRING REPORT	
10. PREPARING COMPONENT (include lowest level contributing information to report) OCS - OL/PMS			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X HOURS PER REPORT	= COST PER REPORT	X TIMES PREPARED	=	COST PER YEAR
9	5.38	8	43.04	52		2,238.08
B. COSTS OF COMPUTER PRODUCED REPORTS						
	no. pgs 40	no.cys 1	per pg .05	52		104.00
TOTAL COSTS PER YEAR						2,342.08
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
Essential tool for verification of data input into CONIF						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS STAT
16. DATE OF INVENTORY 8 Oct. 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Procurement Assistant				18. EXTENSION